



MAINE REVENUE SERVICES SALES, FUEL & SPECIAL TAX DIVISION EXEMPTION APPLICATION

-
- () COMMUNITY MENTAL HEALTH FACILITY OR
() COMMUNITY ADULT DEVELOPMENT SERVICES FACILITY
() COMMUNITY SUBSTANCE ABUSE FACILITY
-

Name of Corporation _____
Name of Organization _____
Physical Location _____
Mailing Address _____

The statute reads "Community mental health facilities, community adult development services facilities and community substance abuse facilities. Sales to mental health facilities, adult developmental services facilities or substance abuse facilities that are:

- A. Contractors under or receiving support under the Federal Community Mental Health Centers Act, or its successors; or
B. Receiving support from the Department Health and Human Services pursuant to Title 5, section 20005 or Title 34-B, section 3604, 5433 or 6204." PL 2011, c. 354, §3 (AMD); 2003, c. 689, Pt. B, §6 (REV) 1999, c. 708, §28 (AMD)

IN ORDER TO PROCESS THE APPLICATION THE FOLLOWING MUST BE INCLUDED

1. Proof of receiving support from either A or B above.
2. Documentation that indicates the purpose of organization

Note: All information contained on this application is subject to **VERIFICATION** by Maine Revenue Services. Maine Revenue Services may request additional information or documentation necessary to determine eligibility.

I hereby certify under the pains and penalties of perjury, that _____
is a mental health, adult developmental services or a substance abuse facility. I therefore request that a sales/use tax exemption certificate be issued to the above organization pursuant to Title 36 MRSA 1760 (28).

Date: _____ Signature: _____

Tel: _____ Printed Name: _____

Fed ID: _____ Title: _____

Date Facility Opened: _____

Mailing address: Maine Revenue Service, P.O. Box 1060, Augusta, ME 04332-1060

APP-106 (Rev. 10/2012)

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